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SERIAL NUMBER 10/672,249	FILING DATE 09/29/2003  RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 None E.G.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 None E.G.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	 Initials	STATE OR COUNTRY LA	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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TITLE  
 Wheelchair seat lift apparatus

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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